

Community Support: Conditions of Payment

3418 COMMUNITY SUPPORT—Highlighted areas are “conditions of Payment”

3418.1 Community Support services are rehabilitation and environmental supports **considered essential** to assist the consumer in achieving rehabilitation and recovery goals that focus on building and maintaining a therapeutic relationship with the consumer. [*5729]

Comment [bjb1]: Important to note and justify

3418.2 Community Support services include a variety of interventions, **such as:**

Comment [bjb2]: Must defend the provision of anything other than these services

- a) Participation in the development and implementation of a consumer's IRP/IPC and Community Support ISSP;
- b) Assistance and support for the consumer in stressor situations;
- c) Mental health education, support and consultation to consumers' families and their support system, which is directed exclusively to the well-being and benefit of the consumer;
- d) Individual mental health intervention for the development of interpersonal and community coping skills, including adapting to home, school, and work environments;
- e) Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance;
- f) Assistance to the consumer in increasing social support skills and networks that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living;
- (g) Developing strategies and supportive mental health intervention for avoiding out-of-home placement for adults, children, and youth and building stronger family support skills and knowledge of the adult, child, or youth's strengths and limitations; and
- (h) Developing mental health relapse prevention strategies and plans.

3418.3 Community Support services **may be provided by a team of staff** that is responsible for an assigned group of consumers, or by staff who are individually responsible for assigned consumers.

Comment [bjb3]: Services should not stop because a worker quits or goes on vacation so should have adequate backup of other staff who know the consumer. Include backup plan in the notes for that person

3418.4 Community Support services provided to children and youth **shall include coordination with family and significant others and with other systems of care, such as education managed health plans (including Medicaid managed care plans), juvenile justice, and children's protective services when appropriate to treatment and educational needs.** **Imbedded CM definition**

Comment [bjb4]: Must include this—issue is should same kind of coordination being done for adults. Melanie and Family and Child—yes. DC CSA is trying to improve CSR scores, particularly team formation, so we are definitely teaming on the adult side. May want to develop a FAQ for this.

3418.5 Community Support services **shall be provided:**

- (a) At the MHRS provider service site; [*5730]

- (b) In natural settings, including the consumer's home or other community settings; or
- (c) In a residential facility of sixteen (16) beds or less.

3418.6 Each Community Support provider shall have policies and procedures included in its Service Specific

Comment [bjb5]: Model must be documented for each CSA. Will be reviewed in a Federal audit and will look to see if CM staff understand policies and procedures. How many people feel that they have these in place and use them in ongoing practice? Karen CC—we review them annually. We are working within the guidelines given—they are not very clear. Would people be willing to share their guidelines?

Policies addressing the provision of Community Support (Community Support Organizational Plan) which address the following:

- (a) Description of the particular rehabilitation, recovery, and case management models utilized, types of intervention practiced, and typical daily schedule for staff;
- (b) Description of the staffing pattern and how staff are deployed to ensure that the required staff-to consumer ratios are maintained, including how unplanned staff absences and illnesses are accommodated;
- (c) The use of level of functioning assessments to determine the number of consumers each staff can serve based on DMH guidelines; and
- (d) Description of how the ISSP is modified or adjusted to meet the needs specified in each consumer's IRP/IPC.

3418.7 The Community Support provider shall maintain a staffing ratio of no less than one (1) staff person for every twenty (20) consumers for children and youth, and one (1) staff person for every forty (40) consumers for adults.

Comment [bjb6]:

3418.8 Community Support services shall be delivered in accordance with the service accessibility requirements in § 3410.20.

Comment [bjb7]: Hours per day and days per week are stipulated.

3418.9 Community Support shall be provided with no annual limits on service.

3418.10 Community Support shall not be billed on the same day as ACT.

3418.11 Qualified practitioners of Community Support are: [*5731]

Comment [bjb8]: LCPC and LCSW_C for MD should be included here

- (a) Psychiatrists;
- (b) Psychologists;
- (c) LICSWs;
- (d) APRNs
- (e) RNs;
- (f) LPCs;

(g) LISWs; and

(h) Addiction counselors.

3418.12 Credentialed staff shall be authorized to provide Community Support services under the supervision of a qualified practitioner as set forth in § 3413.3.

Comment [bjb9]: There needs to be a supervision log maintained by each CSA

Draft Review of Potential Case Management Activities within the Community Support Definition

3418.2 Community Support services include a variety of interventions, such as:

- a) **CM ACTIVITY:** Participation in the development and implementation of a consumer's IRP/IPC and Community Support ISSP; **(2: Treatment Planning, Referral and &Referral related Activities, Monitoring &Coordination)**
 - a. One of four case management activities in the new rule
- b) **REHAB/CM ACTIVITY:** Assistance and support for the consumer in stressor situations; **(1&2: Assessment &Treatment Planning)**
 - a. Assistance includes marshalling resources and linkages to provider systems
- c) **REHAB/CM ACTIVITY:** Mental health education, support and consultation to consumers' families and their support system, which is **directed exclusively** to the well-being and benefit of the consumer; **(4: Monitoring &Coordination)**
 - a. If support system includes other providers, social supports and natural supports then this is similar to the coordination function in the new rule.
- d) **(Audra Fallon/Josh Green) REHAB ACTIVITY:** Individual mental health intervention for the development of interpersonal and community coping skills, including adapting to home, school, and work environments;
- e) **(Selvon Jackson/ Yvette Jackson) REHAB ACTIVITY:** Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance;
- f) **(Melanie Mitchell) REHAB/CM ACTIVITY:** Assistance to the consumer in increasing social support **skills and networks** that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living; **(3: R&RA)**
 - a. Developing networks is a CM activity in that referral and related activities are required.
- g) **(Melanie Mitchell/Karen Singleton) REHAB ACTIVITY:** Developing strategies and supportive mental health intervention for avoiding out-of-home placement for adults, children, and youth and building stronger family support skills and knowledge of the adult, child, or youth's strengths and limitations; and
- h) **(Selvon Jackson) REHAB/CM ACTIVITY:** Developing mental health relapse prevention strategies and plans. **(1, 2&3: A,TP, R&RA)**
 - a. Linkages to supports that will assist in crisis is a case management activity

Comment [bjb10]: Qs—Tx Planning Process
Maintenance Level Services—Look at Draft Rule;
Face-to-Face vs Phone

Melanie would like to do a little more planning about community support. Some people think of this as mentoring. Yvette—This is a lot to consume and digest.
Need for front-line training on community support.

Comment [bjb11]: Especially true on the children's side; must be careful that they are not for the education and support for other family members.

Will allow face to face and telephone support

Comment [bjb12]: e.g., Wrap Plan

CM Legend: Only things CMs can do:

Buckets 1: Assessment (A)--

Bucket 2: Treatment Planning (TP)

Bucket 3: Referral and Related Activities (R&RA)

Bucket 4: Monitoring (the implementation and effectiveness of the IRP) and Coordination (with other service providers) (M&C)

Taking people to the grocery store does not fit in any of these buckets!

Mary Thornton & Associates: Draft Document for Discussion Purposes Only

DRAFT FOR DISCUSSION ONLY

Usual Activities: Correct Order

- a) **(Karen Singleton)** Participation in the development and implementation of a consumer's IRP/IPC and Community Support ISSP;
- Face to face
 - Collateral (with or without client but with family, friend, professional, others involved in the client's care)
 - Phone (with or without client but with family, friend, professional, others involved in the client's care)
 - This does not include documentation time spent writing the plan unless it is with the client.

Usual Activities:

- Educating the client and others involved in the client's treatment or support about the recovery planning process
- Meet with client, family and others to develop individualized recovery plans based on client need
- Coordinate treatment with client and other providers based on clients needs - medical/clinical/social, voc/VNA/legal
- Meeting with others who are involved in the client's care (with or without client) for treatment planning purposes.
- Assisting the client with recognizing needs, strengths, wants, and concerns regarding recovery for planning purposes
- Assist with identifying and planning for involvement in social, education and/or work related activities

- b) **(Dr. Beth Crawford—MD MH)** Assistance and support for the consumer in stressor situations;
- Face to face
 - Collateral (with or without client but with family, friend, professional, others involved in the client's care)
 - Phone (with or without client but with family, friend, professional, others involved in the client's care)
 - This does not include documentation time spent writing the plan unless it is with the client.
 - Note: **transporting the client to emergency room, CPEP is not a covered service**

Usual Activities:

- Helping the client gain competence in how to respond to a psychiatric crisis
- Working in partnership with the client's supports to develop a crisis plan (WRAP plan)
- For individual crises
- Evaluate extent of crisis and options for resolution
- Assure that the client has access to needed resources to resolve crisis
- Advocate for client with all providers involved
- Develop a crisis disposition plan based on clients needs. Examples; increase in treatment, housing, transportation, etc.

Comment [bjb13]: Told group to put DRAFT—not directions from the Department of Mental Health (BJB)

Comment [bjb14]: Group Tasks—to build a list of examples of covered services based upon CSA experiences. May also want examples of how to write the note so that it meets Medicaid criteria. May develop some case scenarios related to CS.

Comment [bjb15]: Develop “cheat sheets” on what the service really means to help people visualize the service.

Comment [bjb16]: Does not understand how CPEP can expect a CSA to transport clients

- Coordinate services to ensure crisis disposition plan is implemented
- Educate clients about 24 hour crisis line and/or 911 in life threatening situations
- c) **(Dr. Charisse Peebles, DC CSA)** Individual mental health intervention for the development of interpersonal and community coping skills, including adapting to home, school, and work environments;
- d) Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms, which interfere with the consumer's daily living, financial management, personal development, or school or work performance;
- e) Assistance to the consumer in increasing social support skills and networks that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living;
 - Face to face
 - Collateral (with or without client but with family, friend, professional, others involved in the client's care)
 - Phone (with or without client but with family, friend, professional, others involved in the client's care)
 - This does not include documentation time unless it is a part of your therapeutic interaction with the client and is interactive.

Usual Activities

- Developing Identify personal interests and hobbies
- Explore community activities related to interest and schedule leisure time activities
- Assist with identifying preferred social activities.
- Plan and implement group activities in the community.
- Research, identify social and other supports
- Develop competencies in increasing social and other natural supports
- Making and keeping healthy friendships and other relationships
- Identifying and managing family relationships and supports
- f) Strategies and supportive mental health intervention for avoiding out-of-home placement for adults, children, and youth and building stronger family support skills and knowledge of the adult, child, or youth's strengths and limitations; and
- g) Developing mental health relapse prevention strategies and plans.

